# 1050000 58604

(Re	equestor's Name)	<del></del>
(Ac	ddress)	<del></del>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer	
opeoid, mondone, o	, mig officer.	ł
		-
•		j.
<u> </u>		ļ
		f }
		(d Kla
<u> </u>		4
	Office Use Only	
		\ Y~



200055800952

06/07/05--01024--011 \*\*160.00

SECHETALLY OF STATE TALL AHASSEF, FLOHIDA

# TRANSMITTAL LETTER

TO: Registration Se Division of Cor						
SUBJECT: Brian's So	eptic Service LLC (Name of Limite	d Liability Com	nanv)		<del>_</del>	
	(Mante of Linkite	a Diability Con	ipany)			
The enclosed Articles of	Organization and fee(s) are s	ubmitted for fili	ing.			
Please return all correspondent	ondence concerning this matte	er to the following	ng:			
Brian C.		r co				
	(1	Name of Person)				
	•					
Brian's Septic Service	e e					
		Firm/Company)				
						_
1801 Benad	o Lomas Dr.			·	TALL A	70 00
		(Address)			SE E	-4
					名字	_
Tallah	nassee, FL 32317				<u>`</u> 2	=======================================
•	(City)	State and Zip Co	de)	<del></del>	SES	JOH / HILLI UO
					오프	C
For further information of	concerning this matter, please	cali:				
	•					
Brian C. Miller		at (_850	877-6392			
(Name	of Person)	(Area C	ode & Daytime To	elephone Number)		
Enclosed is a check fo	r the following amount:					
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Certified Co (additional cop		\$160.00 Filis Certificate of St Certified Copy (additional copy is	atus &	
	ET ADDRESS:		MAILING A			
	ration Section		Registration S Division of Co			
	on of Corporations Gaines Street		P.O. Box 632			

Tallahassee, Florida 32399

Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited	d Liability Company	is:			
Brian's Septic Service LL	С	o			
ARTICLE II - Address The mailing address and		e principal o	ffice of the Limited	Liability Compa	ny is
Principal Office Addre	<u>:ss:</u>	<u>Mailir</u>	g Address:		
1801 Benado Lomas Dr.		1801 B	enado Lomas Dr.		
Tallahassee, FL 32317		Tallaha	ssee, FL 32317		
ARTICLE III - Registe The name and the Florid		·	•	SEGNATURES	05 JUN -7
Brian	C. Miller				?
<del></del>	Nar	me		HO.	AM 11: 08
1801 Benado Lomas Dr.		80			
	Florida street	address (P.O.	Box NOT acceptable)		
Talla	hassee	FL	32317		
	City, Stat	e, and Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
Manager	Brian C. Miller
	1801 Benado Lomas Dr.
	Tallahassee, Fl 32317
,	
= .	
(Use attachment if necessary)	
•	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
	7 -()
$ \mathcal{L}_{\alpha}$ $\mathcal{L}_{\alpha}$	
Signature of a member	r or an authorized representative of a member.
	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)
Brian C. Miller	
Ty	ped or printed name of signee
2011	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)